

615000156684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

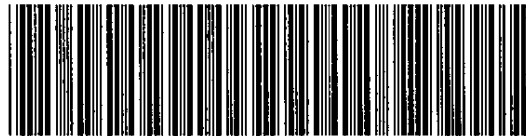
(Document Number)

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2016 JUL 14 P 4: 06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**S Warren**

JUL 15 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2016

MON ANTONIA OCEAN HOUSE, LLC  
ATTN: FLAVIA FOGLI  
345 OCEAN DR, APT 1012  
MIAMI BEACH, FL 33139

SUBJECT: MOM ANTONIA OCEAN HOUSE, LLC  
Ref. Number: L15000156684

We have received your document for MOM ANTONIA OCEAN HOUSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 516A00012349

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MON ANTONIA OCEAN HOUSE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAVIA FOGLI  
Name of Person

BLQMIAI LLC  
Firm/Company

1017 JEFFERSON AVE APT 301  
Address

33139 TAMPA BEACH FL  
City/State and Zip Code

BLQMIAI1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAVIA FOGLI at ( 786 ) 3766777  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: IRON ANTONIA OCEAN HOUSE LLC
2. (a) 1017 JEFFERSON AVE APT 301 (b) 1017 JEFFERSON AVE APT 301  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 33139 MIAMI BEACH - FL 33139 MIAMI BEACH FL

3. JUN 10, 2016 Date of filing/registration in Florida 4. L15000156684 Document number

5. (a) ALLEGIANTE TITLE LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 N. BISCAYNE BLVD SUITE 2106  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI  
\_\_\_\_\_, FL \_\_\_\_\_

- (b) BURMAN LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1017 JEFFERSON AVE APT 301  
**NEW Registered Office Address:**

33139 MIAMI BEACH  
\_\_\_\_\_, FL \_\_\_\_\_

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JUN 10 14 P 4: 06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

MARCO SIMON  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent